

1837-24.16.1813.

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Brief Sketches on Inflammation.

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11. Gonorrhea -

Ut desint vires; Tamen est laudenda voluntas.

Wm. A. R. G.

N. C. Hancock

Massachusetts.

Dr. H. H. H.

Dr. H. H. H.

Dr. H. H. H.
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Dr. H. H. H.

Dr. H. H. H.

Dilectissimo Carissimoque Patri
Re tot tantisque insignis beneficiis nunquam memoria laban-

78.
Ut publicum grati animi, proutque testimonium. Hoc
tantamen medicum deat varet et funderet
Pius Filius.

Illustrissimo Præstantissimoque viro
Thanno Philippo Sellsten
Professori dignissimo, Francorum Imperatoris Chirurgo
consuultanti, Cuius Gallie imperii Instituti, Datis, Legionis
honoris, Nosocomii vulgo dicti Hotel Dieu Litteris Parisiorum
Chirurgie primario, nec non eisdem rebus celebrissima facultatis
medicæ clinice internæ professori, Academiæ imperialis
Josephinae Viennæ austriæ scilicet honorario, professorum facultatis
medicæ parisiensis societatis &c. &c. vero tot præclaris dotibus ornato
summusque honoribus decorato, Præceptoris meo plurimum colendo
Siqui patris mei, erga me caritatis æmulus, tua cura, tua
solicitudo, innataque munificentia, mihi in arte medendi viam
aperuisti, benignus accipere hoc tantamen medicum (quidem insigni
professore meo magno) quod deo, vero, et consicere, tibi in signum

gratissimi animi Obsequentissimus tuus alumnus —

Ne non Celeberrimo Dulcissimoque amico

Guillelmo Dupuytren

In Parisi celeberrima Facult. Chirurg. Prof. & Sorbonici Reg.
diti Hôtel Diei Chirurgi adjuncti primo, socii plurimum

Indulgentia tua factus hoc opusculum parvum tibi dicere
vere non dubito. Indignum est quidem attentionem tua v. Ch.
time, verum illud linguam amicitia hoc pignus acceptum
confido. Vale.

A. H. Lacépède

Philisteo Josepho Roux

Chirurgi prof. Socii plurimum sed & Sorbonici Reg. diti
Charité Chirurgi adj. h. b.

Sanguinem amicitiae testimonium hoc habi quatenus
Reportatum a me tui ex capite in dies.

Ch. J. Roux Parisi.

Brief Sketches on Inflammation

I select for my dissertation, a subject, acknowledged
difficult, which has been explored by the ablest physiologists
of the age; to be presented to the Philadelphia School,
may trace in me severe censure, — when I may not in-
dulge the hope, that my elaborate tho feeble sketches,
which, at other times, in other places, and before other
men, might have been received as plausible, cogent or
even luminous, may not here, be deemed sufficiently co-
herent, as to acquit me of the charge of presumption,
— when the language, in which I have to offer my
reflections, being, by a ten years residence in a foreign
country, (at an age which is not that of jurists) almost
obliterated, and when the least imperfect of these obser-
vations have been matured in the short time I had
the honor of being admitted into your school, by your
Learning, your Experience, your lucid remonstrations,
and above all, by that uniform kindness, so well cal-
culated to excite inquiry and draw forth latent instruction

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Yet, when I look back and consider my
very scanty stock of classical instruction, the in-
-tion in which I was, for some years, which commanded
an equal share of labour and attention on all
parts, a situation better calculated to receive the
ments of science than to learn how to visitant it.
I found that Inflammation, in its various stages
has perhaps engaged as much of my attention as
other part of my classical studies. But if I
use indulgence, for the choice of my subject, who
may I not need for the manner in which I may
found to have treated it! - Here indeed, I
tempted to acknowledge the charge of presumption
and throw myself on the mercy of my judges! -
so I not entirely despair - I had but little
of time and of paper. Such a subject could not
admit of results. If I should be found equal
feeble in these! I will say; that labour has
encroached on the time allotted to reflection -

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I candidly confess, I feel unequal to the task of
even describing the mass of crude materials with which
my mind has for some time been filled, and which
was in some degree familiar to me. But after all
the apologies I can make, my judges know that
mine is not the age of hesitation; and I confidently
rely on their indulgence. Ut desint vires, tamen est
laudenda voluntas.

Inflammation

Inflammation may be defined, an exhalation, in a greater or less degree, variously maintained, of the vires vitales, in any part of the animal economy, accompanied by more or less irregularity, in the circulation of the capillary vessels, which are invariably the seat of inflammation. This appears evident from the vitality with which these vessels are invested, from the particular phenomena of circulation, and from the symptoms, accompanying inflammatory diseases. Hence we observe, that the greater the development of capillary vessels, in a part, the more liable it is to inflammation; the blood arriving into it in large quantity.

The two extreme degrees of this disposition are illustrated, the one, by the intensity and frequency of the disease, the other, by its infrequency and

and the slowness of its progress. As pain or red
ness do not always appear, as I hope to be able
to prove by and by, all local excitement of the
organic movement, to a degree sufficient to pro-
duce a disorder or derange the harmony of the
functions of human economy; or to disorganise
the tissue which is its seat, may be considered, as
an inflammation. Hence we may conclude, with
Galen, that inflammation is not an unnatural
phenomenon: *non contra, sed prout naturam*.

In Boerhaave's time, the intimate composi-
tion ^{of the blood} was yet unknown. It was thought to be for-
med of various globules, of various shapes, sizes
and colour. Certain vessels admitted, some the red
some the yellow, other the white &c. In order
that circulation should be carried on, in its natural
way, it was necessary, that a relation should
exist between the vessels and the globules, which
were to be admitted. Any cause stopping their func-
tion, necessarily forced them into vessels of a dif-
ferent order, and produced what was called obstruc-
tion, which caused inflammation. Hence it

was thought, that no inflammation could take place without obstruction, to which they had also given the appellation of Error loci, an expression since become famous, in the medical world.

By the aid of this theory, the followers of this celebrated professor has explained all the phenomena of disease. Fever was produced by a slower motion of the blood, caused by a stagnation, which gradually ran through the vessels till it reached the heart, which afterwards, reacting on the whole mass of the blood, produced the excitement, constituting fever. This idea was that, after finishing their distribution, the arteries were divided into smaller & even capillary vessels, which admitted the globules in the above mentioned manner.

This theory it must be confessed, presents a fascinating aspect: but when attentively viewed, and afterwards compared with the

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theories of the great men, ^{who came, after} we are irresistibly
convinced of its utility.

Lavoisier was the first who discovered its want
of solidity. Berdieu came after him, and several
other distinguished members of the once famed
University of Montpellier, greatly contribu-
ted to check its progress, by demonstrating its
fallacy. But their imbedding so great a share
of the Stahlian principles, remains a cause of
great regret, among learned contemporaries.

The arguments produced against the doctrine of
the Leyden Professor were numerous; but, in
the present state of physiological progress, it would
be equally useless and impertinent now to enumerate
them; suffice it to observe, that an inadequate idea
of the importance of the vies vitales was the greatest
obstacle to the perfection of Boerhaave's system.
A not many years since, an other opinion was pro-
duced, by a great and ingenious Physiologist, too to
little known, in the English schools Vicq-D'Azir

pretended, that, by titillation, and irritation, the
nerves acted too great a part, not to be principally
concerned in inflammation. Perhaps the opinion of
this great ^{man} was true principally to the time in which
he flourished, where every phenomenon, in animal
and organic life, was to be accounted for, through
the medium of the nerves.

Urege Daryer, however, whether from his great
talents, his great reputation or his great candor,
obtained a number of followers and disciples. —
But his opinion is now exploded; some parts of
the human body in which nerves were never dis-
covered, being susceptible of inflammation, such
as bones & cartilages; and some parts which are very
sensitive, when inflamed, being very little so, when
in a healthy state. However this last opinion
has also been exaggerated. Thus excruciating pains,
and even diseases have ^{been} attributed to the puncture of

of a membranous or a tendinous part: the swelling of the arm was thought to be caused by the puncture of the fascia, made by the lancet, in bleeding; whilst it is evidently known to be produced by the puncture of some of the fibrilla of the external cutaneous nerves. Similar affections, caused by the puncture of a nerve, cease upon its complete section. The Tetanos was thought to be produced by the puncture of a tendon; yet this is not confirmed by Portals experiment. Wounds made in a variety of ways, on the tendons of living animals, did not seem to cause the last pains, though, when the tendon was lacerated, the animal manifested some sensibility. Curiously prompting me to repeat the experiments, I always found the same result.

Another opinion which, for some time, prevailed in our schools, admitted that the blood contained a predisposing cause to inflammation, i.e., that it was more tenacious, consistent or viscous. It is

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is a well known fact, that the blood, drawn from the
vein of a man, labouring under an inflammatory dis-
ease, has a very thick buff coat. But De Haen could
not see this, and ascribed it to other causes. Heuston thought
the thickness of the blood, out of the veins, indicated the
greater fluidity in that, left in the vein. I trust a
little reflection will be sufficient to go along the
opinion, that the blood contains a predisposition to
inflammation.

Some authors have pretended that, coagulating
lymph acts a part in inflammation; and this opinion
was principally professed, by the English physiologists
at the head of which we find Mr John Hunter.
Thus far from the opinions which have long prevailed
in our schools.

Almost every part of the human body may be
the seat of inflammation, in a greater or less degree,
but those which have received, from nature, the greatest
susceptibility are most liable to it. The skin, the cel-
lular substance, the serous and mucous membranes
are in this case. The skin, the cellular substance

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the whole surface of the mucous membranes are also the
seat of a secretion performed by the Lymphatics, a fact
which disposes them to inflammation. The skin is also
the seat of an exhalation and of absorption. I add
that, when a part has once been the seat of inflamma-
tion it is, by this very fact, disposed to it a second time.
This is rendered most obvious in the serous membranes.

As inflammation goes through its different stages,
with more or less rapidity, according to the degree of
activity of the *vis vitalis* of the part, where it is in-
duced, it seems improper to divide it, into acute and
chronic, for it has a limited time in each organ.
In those endowed with great energy, from the *vis vitalis*,
it will go through its different stages with rapidity.
on the contrary in those, which possess this principle
in a small degree, it will be slow in its progress.

Causes. It is more important to know the
general than the particular causes of inflammation.
They may be divided into proximate and predis-
posing, and are very numerous.

The most powerful is the solution of continuity.
Dense and hard parts, which have resisted all other

causes, under a great variety of forms, and affects any
readily yield to the solution of continuity. Indeed, ^{with}
it, nature or art would be deprived of its powerful me-
dium, by which wounds are cured. The transition, from
a hot to a cold temperature, by stopping the secretion of
the skin and membranes; the introduction of cold
fluids, into the stomach; - irritation of all kinds;
Rigor applied externally or internally. (*)

Predisposing Causes - Several causes also pre-
pare to inflammation, such as the period of munda-
tion, (and of its first eruption) of gestation and of
expulsion of this monthly evacuation, - the humors
of salt flux and exercise. Those who live on animal food
are more liable to inflammation than those who live
on vegetables; - a full habit. whilst a spare diet, or an
abstinence here often found to defy its causes. -
Observe of the Indians, that a few days, before a

Baron Lamy relates that the French army
being on a high mountain, the soldiers drank copiously
snow-water; and that so violent an inflammation, ac-
companied by gangrene and sloughing in the loins took place in a
short time after, that it was with the greatest difficulty
saved their lives.

is to begin, these children of nature and of experience
abstain from all food, a precaution at once worthy of
the wisest and most courageous people, and which, while
it shows their coolness and intrepidity, especially when
contrasted with the practice of their present allies, shows
their courage to be bravery by excellence, if I may be
allowed the expression. It is added that their wounds
are much more easily healed than those of civilised
soldiers. We seldom perform a surgical operation, without
having by a few days preparation reduced the plethora
of the patient, by an abstinence and low diet.

Inflammation has other ~~local~~ predisposing causes;
a sanguine constitution, youth, plethora, a spartan
life, hot and dry, or cold and very cold weather - the begin-
ning of spring - dwelling on high situations, exposed to
the North - the use of too hot baths, the abuse of
wine, and spirituous liquors, suppression of usual
hemorrhages, strong passions indulged to excess, fits
of anger, sudden transitions from active to sedentary &
inactive life, and the use of high seasoned and succulent
food. Some authors have thought fit to add an
inflammatory

inflammatory temperament, as Professor Roux of Paris admits of an Erysipelatous temperament: All these may be considered as exposed to violent inflammation; and we may add that, generally speaking, it may proceed from the most adynamic causes.

Division of inflammation.: The late progress made in the science of anatomy have greatly contributed to a knowledge of the various stages of inflammation.

It has been divided into Erysipelatous and Phlegmonous, though this division may not be founded in truth. It is also seen distributed into acute and chronic. To prove that the type of inflammation is peculiar to the organ in which it is seated, is to prove this distribution to be erroneous.

Some species of inflammation have a great tendency to vary their seat, from one place to another.

Thus we find the inflammation of the skin which commonly occupies a large extent, and successively the different parts of the surface of the whole body. To this sort of inflammation, authors have granted

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name of Erysipelas. The skin is not raised, neither has it any tendency to suppurate. When the cellular membrane is affected, with inflammation, it is limited and has no tendency to propagate itself, but its progress towards a resolution are easily discernible.

Inflammation may be considered, according to the causes that produce it, as being of three different kinds, viz
1.^o Isopathetic or essential, as when inflammation is limited to the part, where it has its seat, and where the cause is acting.

2.^o Sympathetic, or by consent of parts; as when it arises in a part, so distant from any diseased part, that its cause can only be explained by sympathy. Thus Erysipelas depends upon a fault state of the stomach, and is most commonly removed by vomiting and purging, without any topical application, which are most commonly useless and often dangerous. The inflammation of the scleroticæ sometimes depends upon a hemorrhagia, & is thus evidently caused by the sympathy of the mucous membrane, lining the urethra with the scleroticæ. Blindness has been caused, by the introduction of poisons
necy

poisonous substances into the stomach.

By Sympathy, I mean the extraordinary or unnatural development of the vitalis in a part, which is acted upon, by another, to which a direct stimulus has been applied.

3^d Symptomatic inflammation, which happens, when an organ is diseased.

Phenomena of inflammation: — The phenomena of inflammation are of two kinds, local and general.

The general depends upon the influence which the diseased part has on the economy.

The local are divided into proper and adjacent to the part affected; —

— and of continuity and contiguity.

They appear in the vicinity of parts, affected with morbid alterations. —

Common phenomena need no explanation.

Symptoms: — Authors have described the phenomena of heat, redness, pain and tumefaction as symptoms of inflammation. To these, I only have to add the disorder produced in the part or organ affected. The whole system is often affected in

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of ways I will attempt an explanation of those like
nomina.

Redness in the part is occasioned by a greater quantity of blood in its ordinary vessels, or by the admission of blood into those vessels which, in their natural state, did not admit any. "The colour of an inflamed part," says John Hunter "is visibly changed, from the natural, whatever it was to red. This color is of various hues, according to the degree of the inflammation and constitution of the patient. Sometimes it is of a pale red, at others darker, and of a purple, and sometimes bluish colour. The nearer the seat of the disease is to the centre of circulation, the redder than when situated far from it. This red colour is gradually lost in the surrounding parts, but sometimes there will be a determined edge." Several instances of inflammations may serve to illustrate this observation.

Tumefaction is caused by the accumulation of blood in the part, (but without obstruction) producing a fullness in the blood-vessels. When the cellular membrane is inflamed we observe a tumefaction, with the appearance

appearance of an erection of parts. It is most always proportional to the laxity of the part affected. Thus the cellular membrane may be said to be the part capable of the greatest tumefaction by inflammation; and this same application may be made to the accumulation of other fluids, in any part of the body. The serum has a great tendency to accumulate in those parts of the cellular membrane, which are voids of fat, such are the parts which cover the eye-lids, and that covering the scrotum.

Heat is accounted one; but, as John Hunter judiciously remarks, it is not proportioned to the force which the patient has of it. Hence we find that although the heat felt is intense, yet if any one applies his hand over the thermometer, it is found to be much less so. - The activity of the circulation, in the capillary vessels, always produces heat.

Pain is more liable to vary in its nature than any of the above mentioned phenomena, it being most always in proportion to the importance of the part affected. Modern physiologists have given a specific definition of pain: the pain attending Caisipales

is burning, as ardent; that caused by Phlegmon pulsative; the pain attending an inflamed serous membrane pungent. But whatever be the nature of pain its violence is in proportion to the tightness of the part affected, in as much as it prevents development. The pueraries, for instance, is attended by an excruciating pain: the close structure of the part, by inducing a compression of the nerves, causes it; and agreeably to this, deep incisions and emollient applications, by relaxing, favour the expansion of the parts, alleviate the pain, and check the further progress of the disease.

Pain cannot last long in the human economy, without producing a disorder of its functions, and sometimes death. This in general proportioned to the importance of the part seized with it, as the disorder of the economy is in proportion to the distress of the part affected:—

All-wise nature has an end in view, when she excites pain; for we find, that where it is absent, the disease does not commonly terminate so favorably: Thus parturition, when unattended with pain, is often dangerous. A
mode

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were
made of compression of the nerves of the thigh, during the
performing of a grave surgical operation, has often been
practised, by which the pain was effectually suppressed;
but the disorder of the economy which ensued, when the
compression was removed, was such, as often to produce
death.

That a considerable disorder of the functions in the part
takes place, cannot be doubted, when we observe that
the exhalation of the serous membranes is changed; that
a fluid of a different kind is formed; that, when the part
is the seat of inflammation, it is no longer capable of
transpiration, and that the secretion of the mucous mem-
branes is also altered. It is to be regretted, that, in such cases,
more attention is paid to the secretion, than to the effect
of the diseased part.

schneidman
Suffocation has also its proper phenomena:—Thus in
the swelling of the laryngeal membrane, or larynx,
constriction is produced; the swelling of the tonsilla causes
a difficulty of swallowing, that of the prostate glands
of voiding urine, and that of the mucous membrane, of the
urethra, strictures. The whole danger of a disease of the
organs

depends on the swelling

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A knowledge of the Phenomena of the continuity of parts is very important. It is simply the isentric continuity of parts of the same structure. It is by this phenomenon of continuity that we explain the various states of the tongue, in the different diseases. Irritation, produced on one portion of the intestinal canal, extends its effects on a distant portion. But continuity may take place through the medium of the cellular membrane, as in the membranes of the Stomach, where this continuity is the cause of various phenomena in inflammation. It does not seem, from what I have been able to find on authors, that the Ancients paid any attention to continuity.

An inflamed part often acquires an influence, on some of the surrounding ones, to which it communicates its own irritation, whether they be united by a perfect continuity, which would admit an identity of structure, or only by means of the cellular substance, nerves and vessels.

This sort of inflammation is what is properly termed inflammation by continuity, & so common an occurrence in the human economy. Hence Erysipelas or swelling of the skin.

This disease which has its principal seat in the cellular

membrane situated under this simple tumefaction may be changed into a real inflammation, and is termed phlegmonous Erysipelas. Of this disease, it may generally be said, that, when it succeeds to inflammation, the disease occupies a much greater extent of parts; has a greater tendency to terminate by suppuration, and its termination is commonly more dangerous.

The cellular membrane is rarely and most commonly tumefied by continuity.

Pain may also be felt by continuity; as we observe in the inflammation of the conjunctiva, where the least ray of light is transmitted by continuity to the retina; A disorder of the ordinary functions may also be produced by continuity: in no part is this rendered so obvious as in the inflammation of the serous membrane, in the course of the exhalations of those membranes. It is observed in the Pleura, the Pericardium, the ^{serous} ~~serous~~ ^{membrane} ~~membrane~~, and generally, in all the serous membranes, during inflammation.

Inflammation by Contiguity. — The affection which can arise in one part, caused by the irritation of another

contiguity

contiguous to it, with which it is in some ways connected or joined has received the distinction of inflammation by contiguity. —

The cellular substance which is found between one organ and another, would seem, as Bichat observes, to be an obstacle to the propagation of a disease, from one part to another. This frequently happens; but on the other hand, we as frequently observe the contrary. The difference of vitality of two parts, seems a sufficient cause to prevent the propagation of disease by contiguity. The cellular substance and the fat with which it is filled, covering most parts of the human body, separates them from the surrounding ones, in such a manner, as often to stop the propagation of disease by contiguity. Thus we often find a sound pleura, covering an ulcerated or tuberculous lung; in consumptive patients, an inflamed peritoneum covering a healthy stomach, liver or spleen; the subcutaneous parts perfect strangers to the eruptive diseases, with which the skin is covered; tumours existing in the substance of organs, unaffected by them, the ^{various} arachnoides
in a

in a state of suppuration, covering the bones in no way affected by it. All this is evidently produced, by the difference of vitality of those parts, for when a part is continuous into another, it communicates its diseases to it, with more ease, than when separated from it, by the cellular membrane: thus the diseases of the periosteum are communicated to the bones, and those of the bones, to the periosteum, there being a direct communication, between these parts, and not as no intermediary cellular substance. However, his great ~~unreliability~~ confidence in this opinion, may subject us to the admission of too many ^{reasons} ~~reasons~~: it so often happens, that conclusions, from the anatomy of a part, are contradicted by the ~~visual~~ ^{visual} observations. This is actually the case, for cellular substance, far from being in all cases an obstacle to the communication of a disease, from one to another often helps its propagation, or physiologically speaking, the vitalis of one part

being altered, also alters that of another by contiguity, through the medium of the cellular Substance. This should not be mistaken for Sympathy; one part being diseased, communicates its affection to another, although the intermediary one be in a healthy state, yet no Sympathy.

The Phenomena of contiguity, shew that it is not always necessary for both parts to be primitively diseased, in order to contract adhesion. Thus in the Division of the intestine, in the operation for the strangulated Hernia, and in wounds of those parts, the inflamed peritoneum, covering the intestine, soon communicates its inflammation to the sound peritoneum, lining the abdomen, and it thereby acquires all that is necessary, to contract an adhesion, which soon takes place. all this may be applied to the pleura &c.

Many conjectures must have arisen on the phenomena of continuity & contiguity; the phlogismia of the

of the membranes being a recent discovery. the inflammation of the peritonaeum, (first observed by Johnstons, in 1779. and afterwards, by Weiss a Russian Anatomist, and since brought to view by the ingenious and indefatigable Richot, and several of his disciples) had only served to confirm the error, for the pains being only felt in one spot of the abdomen, they could not conceive, that the same disease pervaded the whole, nor could they account for the various symptoms of the same disease, nor of ^{the} pleuresy. All the diseases of the serous membranes were attributed to the same. As much may be said of the ^{tumors} Carcinomata of which were mistaken for those of the brain and confounded with them.

In the inflammation of the testes, the tunica albuginea is frequently the only part first diseased, and the testes only secondarily, and by continuity. The periorchium can not be inflamed without

without producing a disorder, in all the viscera covered by it; they correspond in a way which is peculiar to them, with this inflammation. The phenomena of continuity and contiguity, seen in few diseases so obvious as in this. It is observed, that the patient is subject to hiccups, produced by the irritation of the diaphragm, by continuity, to vomiting, by the irritation of the stomach, communicated by the peritoneum by continuity. The intestinal tube is filled with gas; the patient complains of a difficulty of voiding the contents of the urinary bladder, from the irritation, by continuity, imparted by the peritoneum, and the irritation is sometimes so great, that a suppression both of the urine and feces takes place. So great is the irritation, that the liver does not always perform its functions: the intestinal tube being motionless, can only discharge its contents, by

convulsion

convulsions. Various other phenomena of irritability are observable. In the mucous membrane which lines the intestines, for instance, one grain of tartar emetic, introduced into the stomach of a healthy young man, which excites an inflammation, communicated, by continuity, by the Oesophagus and mouth, causes hyperphagia, and ends in death. — The injection of irritating substances into the rectum often produces violent effects. A tobacco-glass being thrust up the rectum, in the case of a strangulated hernia, produces death in a few hours. These two patients were under my care at the Hotel-Dieu at Paris.

Sympathetic phenomena. — These sympathetic phenomena, from the impossibility of accounting for them, by any other cause than sympathy, constitute, what is called, symptomatic, fever of inflammation.

Physicians have not always been of the same opinion in respect to the sympathy, between a local inflammation and the general phenomena of inflammation. Jelle, a German writer of reputation, doubted its existence; but most modern physiologists have since admitted it.

Fever does not solely consist in the disorder of the circulation; for it is evident, it would be incorrect to ascribe ^{it} wholly to an increased motion of the heart. It is a general state of the economy. Transpiration is sometimes diminished and then increased - the animal functions also undergo a change. It has the acute type, and is in proportion to the ^{importance of the} diseased part.

The extent and degree of the inflammation regulates that of the fever which is also increased, by pain and often wholly produced by it. The paroxysm, for example, is very remarkable for the symptomatic fever it occasions. True the fever does not correspond to the importance of the diseased part, for parts of so much greater importance, do not cause so great a disorder

or is violent a symptomatic fever, which so often terminates in death.

We find that, once produced, inflammation goes through its different stages or periods, with the same regularity in each organ; and that it is subordinate, to the age, sex, temperament, idiosyncrasy &c. and even to the personnating cause; for the inflammation of the mucous membrane, which lines the canal of the urethra, may be produced by other causes than the Syphilis.

Of the phlegmasia, some have a tendency to their seat, from one part to another, and not to go through all the periods of inflammation, in the same part: this is the case with Erysipelas and rheumatism, where we observe the inflammation of the muscles successively invading several parts with astonishing rapidity. The inflammation of the mucous membrane presents the same phenomenon —

When a part has been affected with an inflammation, it either resumes its natural state, or becomes the seat of another disease, evidently connected with the preceding, or else inflammation continues and becomes chronic; and this is a common occurrence.

When, at the close of a disease, the part resumes its natural state, which is done by slow degrees, this termination is called resolution. When, instead of going through its different periods, it suddenly ceases, it is called extinction. When, in consequence of inflammation, another disease appears in another part, Metastasis. Authors of the highest antiquity were acquainted with this mode of termination, in inflammation. Metastasis has received different names, according to the importance of the part affected.

Resolution is most always accompanied by a critical crisis, which is more common with the inflammation of internal parts, such as the viscera; yet great care should be taken, not to mistake, for a crisis, the return

return of the part to its natural functions, which will often cause a disorder manifest in the economy. Certain functions cannot return to their natural sphere, without exciting unnatural movements.

Inflammation may terminate by another disease, viz. Suppuration, Induration or Gangrene.

The most common is by suppuration, the one of pus is the presence of a fluid, which in its natural state and, unaltered by the contact of air, or any extraneous body, is white, devoid of smell, of the fluidity or consistency of honey, this fluid is called pus. It is difficult to distinguish it from the mucus secreted by the membranes of the bronchia, in diseases of the Lungs.

The second termination is by induration. It takes place, when a part, which has recently been the seat of inflammation is enlarged, swelled and hardened. It should not be confounded with a *Scirrhus*, though the first degree of that induration. This termination does not happen so often in some parts, as it does in others. The Glandular are most liable to it.

Perhaps it might be said that it most commonly takes place in the secretory organs. It is no infrequent occurrence, to see a person, who, with all the appearance of regular health, has an induration of one or more lymphatic ganglions of the groin. They are often found on dissection, to be in a calcillogenous state:

Glands are often found to be in a state of ossification, when no disease has been discovered during life. I once found, while dissecting in one of the hospitals in Paris, several stony concretions in a glands penis of a man who, during life, had manifested no unnatural affections. The lymphatic glands and ganglions, when inflamed, almost always terminate in induration, but a part that has been indurated, often returns to its natural state, after a lapse of time.

Gangrene is the last termination: We are to consider it as a disease altogether distinct. It is thought to proceed from too great an intensity of inflammation. In that species which arises from the malignancy of the inflammation

inflammation (Passive are essentially gangrenous) gangrene is most always preceded by it. - Some species of inflammation, can only terminate by gangrene. When this last disease is caused by the violence of inflammation, it is commonly confined, but it does not always happen so: it sometimes extends its invasion on an extended surface. Its progress seems to be favored and even propagated, by the swelling of the cellular substance.

Acute inflammation is sometimes transformed into a chronic disease, the duration of which is indefinite. Chronic inflammation has symptoms wholly different from those of the acute. The only remaining symptom of the acute is the redness of the part, and we can neither discover in the chronic, pain, tension or swelling. It has its seat in some parts in preference to others. - One of its characteristics is its tendency to ulceration: this, we frequently remark, in the throat. It sometimes produces a catarrh, at others a fistula. There is no ulceration in the gonorrhoea, but we often find it in blennorrhoea, when it has become chronic. The serous and mucous membranes are the parts most

liable to it.

Treatment of inflammation

It is much easier to prevent inflammation, than to stop its progress when it has once appeared. It is then necessary to assist its progress, and hasten its termination.

In some species, internal means are the only ones to be employed. Erysipelas, depending on a foul state of the first passages, requires vomiting and purging without any topical application, which is useless & often dangerous, though some physicians (*) have recommended its use. Ophthalmia and Angina, depending upon the foul state of the first passages, require the same treatment. But in erysipelatous phlegmon

(*) Professor & Leroy applies very farinaceous substances: how far he has been successful I cannot say. Professor Colletton always bathes the part, with some warm decoction such as that of elder flowers &c. I cannot affirm that this practice was approved. *quod uno valere officio, ne lentes plaribus.* —

where a tendency to suppuration is to be prevented, and violent applications, or of fat or oily substances, will most commonly produce this effect.

The gout, the nature and proximate cause of which are still undetermined, affects the articulations spontaneously, and, being capable of retrocession, may cause an inflammation of the viscera of the thorax and abdomen, the progress of which are rapid & promptly fatal. It should also be treated by internal remedies. Professor Barton recommends arsenic and has had success. External applications, such as that of mustard, irritant poultices and blisters on the limb and other parts, have frequently been attended with success.

When the inflammation is violent, whether general or local, will often be found useful. The good effects of local bleed-

which my limited experience has afforded me the means of observing have often suggested the query, why it was not more generally practised, for in many cases, nature herself seems to indicate it. It is observed that, after the operation of Lithotomy, when the patient has a hæmorrhage, he most commonly recovers, if it has not been so copious, as to produce mortal debility, or some other bad effect. The application of leeches which is so safe, seems to claim a preference in most cases. Cupping and Scarifications have also been used with advantage, to allay the violence of inflammation.

Several authors have recommended the opening of the vein, under the tongue, to check the progress of inflammation. This mode of local depletion, now fallen into disuse, has often produced the best effects: In two cases where suffocation was threatened, I saw it opened with the best & promptest results.

Plasters have also been recommended. Dr. Astruc
 of Lyons, informs us, that he has used them in these cases
 with success: he does that he was in the habit of apply-
 -ing them on the apex of the Phlegmon & Erysipelas.
 (It could only be sub cutaneous phlegmon). We daily
 see the good effects of Plasters, in the inflammation of the
 Pleura, the Lungs or the Conjunction. Chronic infla-
 -mations have not infrequently been cured by this appli-
 -cation, from the principle of Hippocrates, that *Ductus
 sololibus simul obactis, vehementior observat alitum.*
 It has been observed that the cure of fractures, &c. with
 wounds, was commonly unattended with difficulties:
 this may be accounted for, by the number of inflammations
 which necessarily take place in such a case, and which
 act upon the above principle of the track of life.
 Narcotic applications, both in poultices of such as the
 laudanum of Sydenham, and in Pomentations as the
 decoction of the poppy are used to allay the pain, &c.
 In inflammation and cancerous swellings.
 Tonics and astringents have been found useful in some

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cases, particularly where the vessels distended with
blood had not time sufficient to react and empty them-
selves. But the judgment of the experienced
Practitioner is the best rule, in the treatment of
inflammation.

*Medicina brevis occasionem habet; et qui hoc novit, illi data acerta
habet, et est quae bona dicit, et quae non bona. —*

Fluggeorat. de tactu in homine. Cap. XV. —

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